

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046578

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 1898

1. PLACE OF DEATH
a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield

Length of stay in 1b
2 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Burge-Protestant Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Christian

c. CITY OR TOWN Nixa Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
no street address Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First William Middle H. Last McGlothlin

4. DATE OF DEATH
Month December Day 23 Year 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2/12/1879

9. AGE (last birthday) 83
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Dairy & Stockman

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William McGlothlin

13b. MOTHER'S MAIDEN NAME

Nancy Jane Simpson

14. NAME OF HUSBAND OR WIFE

Susan Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT
Address Mrs. Tressie Shelton, Nixa, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardio Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured Rt Hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall in Home

20c. TIME OF INJURY
Hour 12-10-62
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION
COUNTY Christian STATE Missouri

21. I attended the deceased from Dec 10, 1961 to 12-23-62 and last saw her/him alive on 12-23-62
Death occurred at 9:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Wm Penninger M.D.

22b. ADDRESS
600 So. Stone St. Springfield, Mo.

22c. DATE SIGNED

12-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/27/1962

23c. NAME OF CEMETERY OR CREMATORY

Highlandville Cemetery

23d. LOCATION (City, town, or county)

Highlandville, Missouri

(State)

24. FUNERAL DIRECTOR

Wm Penninger

ADDRESS

Ozark, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 2, 1963

26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wm Penninger.
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

J. L. Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.